



Discrimination Complaint Form

Information and assistance in completing this Discrimination Complaint Form may be obtained from professional staff in the Department of Human Resources. When completed, please deliver to the Department of Human Resources, 211 Siemens Hall, (707) 826-3626.

Name:

Work Phone:

Home Phone:

Home Address:

Status (check all that apply)

Student
Student Assistant
Staff/Administrator
Faculty

Collective Bargaining Unit

Basis of Complaint

Race/Ethnicity
Gender
National Origin
Disability
Veteran's Status
Age
Sexual Orientation
Religion/Creed
Marital Status/Pregnancy
Sex, Sexual Harassment/Assault
Retaliation for filing complaint or participating
in a complaint investigation

Incident Information:

Date of Incident

Approx. Time of Incident

Location

Name of Alleged Offender

Description of Incident:

(Describe the alleged discrimination. Include dates, location, and supporting details. Attach supporting documents.)

Person(s) Involved:

(List person(s) allegedly involved in the discrimination.)

Documentation:

(Please list and attach documentation in support of your charge.)

Efforts to Resolve:

(Describe any steps you have taken thus far to resolve this behavior, and any response to those steps.)

Result of the Alleged Action:

(State how you have been affected by the alleged discrimination.)

Potential Witnesses:

(List any potential witnesses to the alleged discrimination.)

Provide the name, address, and telephone number of your representative, if any.

Complainant's Signature

Date

Received By

Date